Declassified in Part - Sanitized Copy Approved for Release 2013/07/01: CIA-RDP80-00926A005300550001-7 U.S. Officials Only CONFIDENTIAL SECURITY INFORMATION CENTRAL INTELLIGENCE AGENCY 50X1-HUM INFORMATION REPORT COUNTRY USSR REPORT SUBJECT Problem of Frostbite in the Soviet Army/Physical Standards/Rates of Deferrment NO. OF PAGES 50X1-HUM THE UNITED STATES. WITHIN THE MEANING OF TITLE 18. SECTIONS 75 ND 794. OF THE U.S. CODE. AS AMENDED. ITS TRANSMISSION OR REVE NO. OF ENCLS. ATION OF ITS CONTENTS TO OR RECEIPT BY AN UNAUTHORIZED PERSON I SUPP. TO 50X1-HUM THIS IS UNEVALUATED INFORMATION REPORT NO. The Soviet Army was initially plagued by frostbite during the war with Finland. The winter of 1939 was particularly severe and frostbite casualties were extremely high. Entire companies had to be evacuated because of the severity of frostbite on fingers and toes. There were no preventative measures taken until the casualty rate became so alarming that the Soviet Military Command became concerned. The only prophylaxis used was special boots, gloves and caps lined with felt material. Other preventative measures were also recommended which are well known to the medical departments of the US Army. These include 50X1-HUM frequent changes of socks, intermittent movement of the toes and fingers to stimulate circulation and, most important, keeping the feet dry. the large quantity of alcohol given each Soviet soldier prior to U.S. Officials Only CONFIDENTIAL SECURITY INFORMATION DISTRIBUTION -NAVY AIR X FBI

50X1-HUM

- 2 -

his entering battle should have been eliminated. The military authorities, however, would not agree to this, because they considered alcohol necessary to stimulate the soldier for battle. Many of the soldiers, shortly after consuming one-half to one pint of alcohol were seriously wounded and became exposed to extreme cold weather and snow before they were hospitalized. The alcohol had a deleterious effect on the body tissues and caused a breakdown	· ·
of the circulatory system.	50X1-HUM
from the frostbite incurred during the winter of 1939. Soviet medical authorities recommended the use of fish or napthalan oil bandages where frostbite was not so severe as to require amputation. These oil bandages	
eliminated the further penetration of the tissue breakdown process, and	50X1-HUM
were used primarily on the feet. Use was also made of the periarterial sympathectomy; however this was not used widely because of the limited	50X1-HUM
knowledge of what aftereffects might accompany this type of surgery.	50X1-HUM

There were very few physical standards of the Soviet Army which precluded the induction of an individual during World War II. Manpower was critical and only the tuberculars, lepers, blind, epileptics, deaf and incurable syphilitics were deferred. Pre war standards for induction were completely forgotten. Defense Order No 336 which outlined physical standards for induction, and was signed by the Minister of Defense in 1942, was disregarded almost in its entirety. Individuals with defective eyesight and hearing were placed in sedentary type work. Those who had curable symbilis were placed in military hospitals and after treatment were released for military duty. Diseases, such as rupture or hernia inguinalis, precluded an individual from front line duty; however, such individuals were required to serve in a rear echelon. Illness, such as duodenal ulcer and gastritis, were classified in a similar manner. All selections for induction of individuals into the army were performed by the local district military commissariasts. The order for drafting was signed by the local military commissar. The physicians who were required to perform the examinations were delegated from the local civilian hospitals.

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